

2011 Military Health System Conference

Coming Soon to an MTF Near You: Psychological Health Policy Initiatives

The Quadruple Aim: Working Together, Achieving Success

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Office of Deputy Assistant Secretary of
Defense for Force Health Protection
and Readiness

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Force Health Protection and Readiness (FHP&R)



Psychological Health Strategic Operations develops policies and programs:

- To build psychological health and resilience
 - To mitigate operational stress across the deployment cycle
 - To ensure a fit and ready fighting force
- Currently three mental health policies in coordination



Policy Initiatives to Support the MHS Quadruple Aim



■ Disaster Mental Health

- Ensure Access to Care
- Ensure Individual and Family Medical Readiness
- Enhance Psychological Health and Resiliency

■ Directors of Psychological Health

- Ensure Access to Care
- Engage Patients in Healthy Behaviors
- Enhance Psychological Health and Resiliency



Disaster Mental Health Policy



DoD Instruction
6055.17

“DoD Installation
Emergency
Management
(IEM) Program”

DoD Instruction
6200.03

“Public Health
Emergency
Management
Within the DoD”

Disaster Mental Health Policy

Disaster Mental Health: Background



- National Health Security Strategy 2009
- Report of the DoD Independent Review 2010- Protecting the Force: Lessons from Fort Hood



*U.S. Air Force photo by Senior Airman Nicole Mickle, 5/27/10, Port San Antonio

Disaster Mental Health: Background



- January 2010- SecDef directed follow-on review
- Health Affairs Fort Hood Working Group
- August 2010- SecDef directed the development of policy outlining DoD's disaster mental health response



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AUG 18 2010

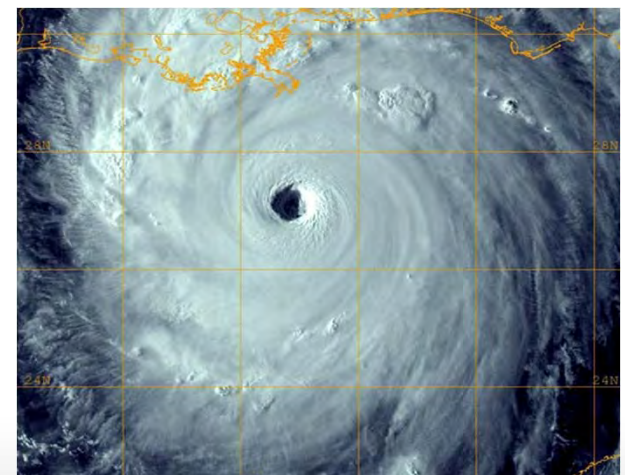
MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Final Recommendations of the Ft. Hood Follow-on Review

Disaster Mental Health: Review of Relevant Documents and Practices



- Health Affairs Fort Hood Working Group Reports
- Existing policy
- Fort Hood Behavioral Health Campaign Plan
- DoD SMEs
- National experts, materials, events



Disaster Mental Health Policy: Action Plan



- Integrative approach to emergency preparedness and response
- Civil-Military Medicine is office of primary responsibility
 - Integrate with current Installation Emergency Management (IEM) policy
 - Integrate with Public Health Emergency Management policy

Disaster Mental Health Policy: Action Plan



- Included in new Defense Medical Readiness Training Institute's (DMRTI) Public Health Emergency Management (PHEM) Course
- Updated DMRTI's Emergency Preparedness and Response Course



Disaster Mental Health Policy: Requirements



- Provide Disaster Mental Health Response (DMHR) capability at each installation
- Establish training requirements for DMHR Teams



Disaster Mental Health Policy: Capability



- Multidisciplinary DMHR teams
 - Include at a minimum, individuals in each of the following areas: mental health, spiritual support, and family support
 - Teams train regularly
- Each installation will have the capability

Disaster Mental Health Policy: Training



- Required training topics:

■ PREVENTION	■ OUTREACH
■ SCREENING	■ TRIAGE
■ REFERRAL	■ EDUCATION
■ PSYCHOLOGICAL FIRST AID	■ CONSULTATION TO COMMAND

- Training modality determined by Disaster Mental Health Response Team

Disaster Mental Health Policy: Training



- At least quarterly for competency to provide disaster mental health services
- Annually as part of Installation Emergency Management exercises

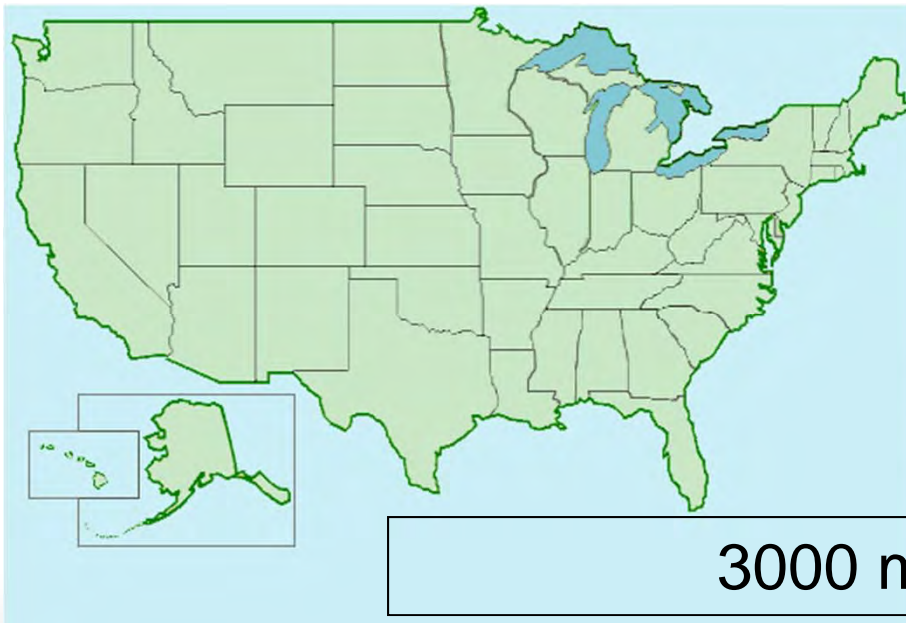


Which brings us to our next policy...
Directors of Psychological Health

Directors of Psychological Health



- DoD Instruction:
“DoD Directors of Psychological Health”
(DoDI 6490.LL)



3000 mile screwdriver

DoD Task Force on Mental Health (2007) Findings



- Lack of coordination in clinical, counseling, and other services at military installations
- Lack of an installation-level leader to inform providers and line leaders of referral options
- Lack of a strategic plan for delivery of comprehensive PH services
- Recommended DoD Directors of Psychological Health governance structure



DoD Mental Health Task Force (2007) Recommendations



- Designate Directors of Psychological Health (DPH) at each installation
 - to serve as Commander's consultant on psychological health issues
 - to convene meetings of installation resources that support psychological health
- Replicate DPH structure at Service level, Guard and Reserve
- Establish DoD Psychological Health Council

Reaction to DoD Mental Health Task Force Report



- **National Guard:** established DPHs at NGB level, Readiness Centers, and every state and territory
- **Air Force:** established senior military MH officers as DPHs at every MTF in July 2008
- All Services have designated Service-level Directors of Psychological Health
- ***LOA2 requirement to establish DPH policy (draft DoDI 6490.LL)***

Possible Objections to DPH Policy



- “in conflict with mandate to reassign MH personnel from admin to clinical positions”
- “uniformed providers must continue healthcare service delivery”
- “too many ‘advisors’ to the commanders now, which is creating confusion”



More Possible Objections



- “don’t we already have a *de facto* Director of Psychological Health by virtue of the . . .”
- “will establish an enormous layer of psych health administrative management”
- “sets up a parallel and conflicting, rather than a complementary, system”



The Ultimate Possible Objection



- **“Since the time of the 2007 Mental Health Task Force, considerable behavioral health and community support infrastructure has been put into place”**

O.B.E.?

DoD Suicide Prevention Task Force Report (2010)



During their 19 site visits, the Task Force found:

- “most installations still lacked a unifying office for installation support services”
- “agencies remain largely independent and confusing in the eyes of Service members”



DoD Suicide Prevention Task Force Report (2010)



- **FINDING:** Providers do not collaborate well within or across clinical and non-clinical disciplines
- **Rec #44:** Develop policy to promote communication among clinical and non-clinical providers



DoD Suicide Prevention Task Force Report (2010)



- **FINDING:** Expanded on-base non-clinical support services not well coordinated
- **Rec. #41:** Leverage capabilities of community-based services to enhance protective factors

DPH Policy Coordination



- DoD Task Force recommendations modified based on Service and TMA feedback
- FHPC reviewed Instruction
- MEDPERS Committee oversight of DoD PHC
- Policy in formal coordination



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U.S. Air Force photo by Airman
1st Class James Bell/Released

Installation-level DPH



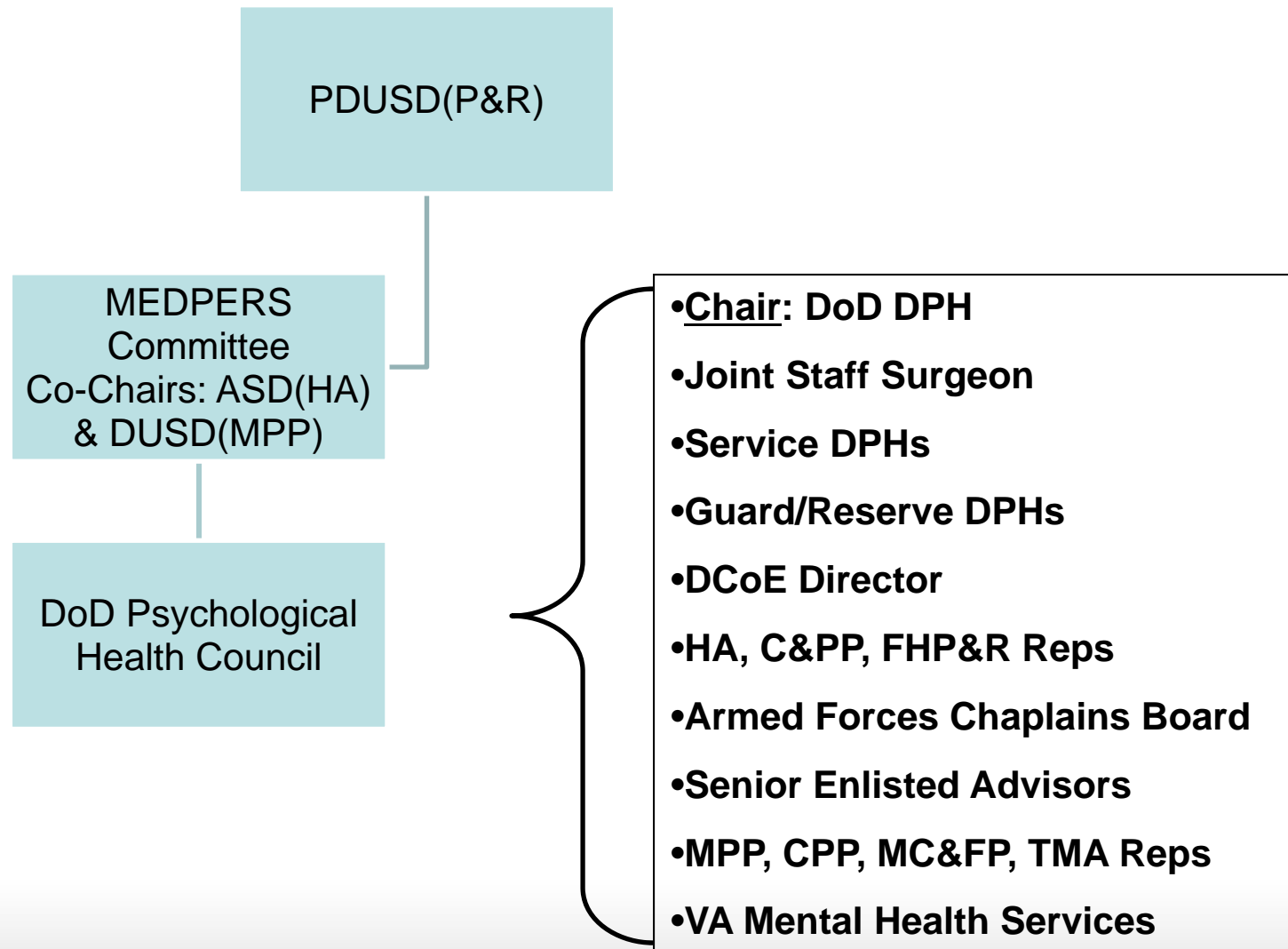
- Reports to senior line leadership
- Exercises resource integration & coordination function
- Licensed MH professional, or a non-MH professional with military competence
- Civilian or military
- Full-time or .5 FTE
- Existing billets may assume DPH duties

Service-level DPH



- Formulates and implements strategic planning for psychological health
- Monitors and reports on continuum of mental health services
- Communicates best practices with site DPHs and resolves emerging issues
- Manages development and coordination of training materials

Proposed DoD Psychological Health Council



DPH Program: Desired End-State



- Visible leadership and advocacy for PH
- Clinical and non-clinical services integrated
- Enterprise-wide strategic planning
- Monitoring and reporting on psych health
- Structural change leading to cultural change



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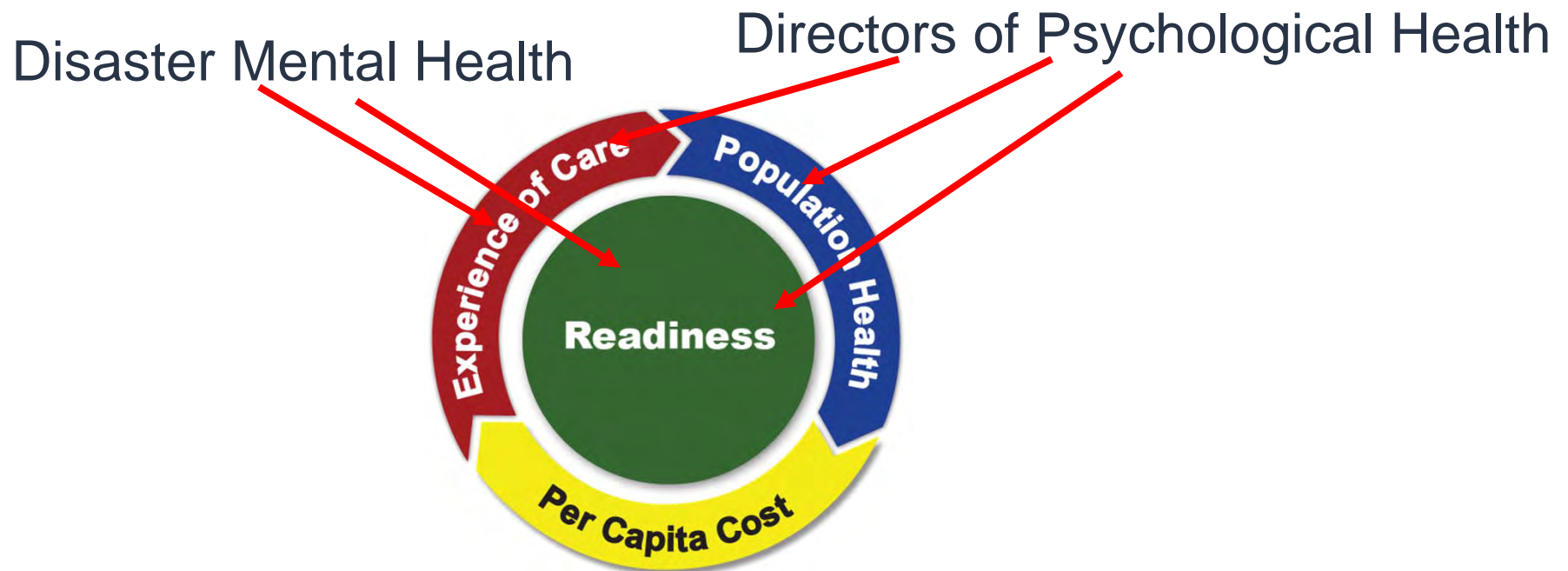


DoD photo by Mass Communication Specialist 1st Class Michael O'Day, U.S. Navy/Released

Summary



Policy Initiatives Support the MHS Quadruple Aim



Takeaways #1



How can *you* improve communication and coordination of available services at your installation?



*U.S. Navy photo by Mass Communication Specialist Maddelin Angebrand, 9/18/10, Charlotte, N.C.

Takeaways #2



How *ready* are you at your installation to address mental health needs if a disaster were to occur next week?



*U.S. Navy photo by Mass Communication Specialist 1st Class Carmichael Yepez, 5/12/10, Armona, CA

Questions/Comments



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